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478A.TXD065077190 0001
WHEELING MACHINE PROD CO DIVI*
HOUSTON, TX 77081

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Please print or type with ELITE type (12 char x/line) in the unshaded areas only.

Form Approved OMB No. 158-S79016
GSA No. 0246-EPA-07U.S. ENVIRONMENTAL PROTECTION AGENCY
NOTIFICATION OF HAZARDOUS WASTE ACTIVITY

INSTRUCTIONS: If you received a preprinted label, affix it in the space at left. If any of the information on the label is incorrect, draw a line through it and supply the correct information in the appropriate section below. If the label is complete and correct, leave Items I, II, and III below blank. If you did not receive a preprinted label, complete all items. "Installation" means a single site where hazardous waste is generated, treated, stored and/or disposed of, or a transporter's principal place of business. Please refer to the INSTRUCTIONS FOR FILING NOTIFICATION before completing this form. The information requested herein is required by law Section 3010 of the Resource Conservation and Recovery Act.

INSTALLATION'S EPA I.D. NO.	Company and to Wheeling Machine Products		
I. NAME OF INSTALLATION	1000-507-190 ON 11-79. 3 leave address		
II. MAILING ADDRESS	WHEELING MACHINE PROD CO 1100 GLENMONT RD BOX 578 BELLAIRE TEXAS 77401		
III. LOCATION OF INSTALLATION	1100 GLENMONT HOUSTON TX 77001		

FOR OFFICIAL USE ONLY

COMMENTS

15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80	81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99	100
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INSTALLATION'S EPA I.D. NUMBER	APPROVED	DATE RECEIVED
TXD0650771903		(yr, mo, & day)

I. NAME OF INSTALLATION	WHEELING MACHINE PROD CO DIVISION
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II. INSTALLATION MAILING ADDRESS	
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STREET OR P.O. BOX	PO BOX 578
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CITY OR TOWN	ST.	ZIP CODE
Bellaire Texas		77401

III. LOCATION OF INSTALLATION	
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STREET OR ROUTE NUMBER	
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CITY OR TOWN	ST.	ZIP CODE
		81010708

IV. INSTALLATION CONTACT	
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NAME AND TITLE (last, first, & job title)	PHONE NO. (area code & no.)

V. OWNERSHIP	
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A. NAME OF INSTALLATION'S LEGAL OWNER	
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B. TYPE OF OWNERSHIP (enter the appropriate letter into box)	VI. TYPE OF HAZARDOUS WASTE ACTIVITY (enter "X" in the appropriate box(es))
F = FEDERAL M = NON-FEDERAL	<input type="checkbox"/> A. GENERATION <input type="checkbox"/> B. TRANSPORTATION (complete item VII) <input type="checkbox"/> C. TREAT/STORE/DISPOSE <input type="checkbox"/> D. UNDERGROUND INJECTION

VII. MODE OF TRANSPORTATION (transporters only - enter "X" in the appropriate box(es))	
<input type="checkbox"/> A. AIR <input type="checkbox"/> B. RAIL <input type="checkbox"/> C. HIGHWAY <input type="checkbox"/> D. WATER <input type="checkbox"/> E. OTHER (specify)	

VIII. FIRST OR SUBSEQUENT NOTIFICATION	
Mark "X" in the appropriate box to indicate whether this is your installation's first notification of hazardous waste activity or a subsequent notification. If this is not your first notification, enter your installation's EPA I.D. Number in the space provided below.	

<input type="checkbox"/> A. FIRST NOTIFICATION <input type="checkbox"/> B. SUBSEQUENT NOTIFICATION (complete item C)	C. INSTALLATION'S EPA I.D. NO.
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IX. DESCRIPTION OF HAZARDOUS WASTES	
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Please go to the reverse of this form and provide the requested information.

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I.D. - FOR OFFICIAL USE ONLY									
1	2	3	4	5	6	7	8	9	10
11	12	13	14	15	16	17	18	19	20

IX. DESCRIPTION OF HAZARDOUS WASTES (continued from front)

A. HAZARDOUS WASTES FROM NON-SPECIFIC SOURCES. Enter the four-digit number from 40 CFR Part 261.31 for each listed hazardous waste from non-specific sources your installation handles. Use additional sheets if necessary.

1	2	3	4	5	6
7	8	9	10	11	12

B. HAZARDOUS WASTES FROM SPECIFIC SOURCES. Enter the four-digit number from 40 CFR Part 261.32 for each listed hazardous waste from specific industrial sources your installation handles. Use additional sheets if necessary.

13	14	15	16	17	18
19	20	21	22	23	24
25	26	27	28	29	30

C. COMMERCIAL CHEMICAL PRODUCT HAZARDOUS WASTES. Enter the four-digit number from 40 CFR Part 261.33 for each chemical substance your installation handles which may be a hazardous waste. Use additional sheets if necessary.

31	32	33	34	35	36
37	38	39	40	41	42
43	44	45	46	47	48

D. LISTED INFECTIOUS WASTES. Enter the four-digit number from 40 CFR Part 261.34 for each listed hazardous waste from hospitals, veterinary hospitals, medical and research laboratories your installation handles. Use additional sheets if necessary.

49	50	51	52	53	54
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E. CHARACTERISTICS OF NON-LISTED HAZARDOUS WASTES. Mark "X" in the boxes corresponding to the characteristics of non-listed hazardous wastes your installation handles. (See 40 CFR Parts 261.21 - 261.24.)

☐ 1. IGNITABLE
(D001)

☐ 2. CORROSIVE
(D002)

☐ 3. REACTIVE
(D003)

☐ 4. TOXIC
(D004)

X. CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

SIGNATURE

NAME & OFFICIAL TITLE (type or print)

DATE SIGNED

Manuel L. Laine
Vice President & Secretary
7-8-80

EPA Form 8700-12 (6-80) REVERSE

Please address all inquiries to
 Wheeling Machine Products Company
 Mustang Division
 P.O. Box 578
 Bellaire, Texas 77401

all assets sold 11-1-80
 to Wheeling Machine Products
 Co.